ADDENDUM A - PROVIDER ELECTRONIC BILLING FILE AND RECORD FORMATS

1. Recommended Physical File Specifications - Magnetic Tape.--Tape Characteristics -9 Track, 8 1/2" to 10 1/2" reels with silver mylar reflector (standard reels) with write ring removed or 3480 tape cartridges.

Parity - Odd

Recording Density - 6250 bytes per inch.

Recording Code - Extended Binary Coded Decimal.

File Label - None. The tape must have an end of file mark. The first data record on the file identifies the submitter and receiver, and serves as the file label.

Physical Record Length - 192 characters.

Block Size: 32,640 characters; i.e., a blocking factor of 170.

Unfilled Final Block - Fill with spaces.

The external label on the reel must appear as follows:

From a To b
Reel Number c Claim Types d
Billing Date e
f. / / Medicare / / Medicaid / / Other
Recording Density 6250 BPI

(a) Identification of submitter
(b) Identification of intended recipient
(c) Unique number by which tape is identified in submitter's tape library
(d) Types of claims on the tape; e.g., inpatient hospital, inpatient SNF, outpatient hospital
(e) Date tape created (MMDDYY)
(f) Check one: Medicare, Medicaid, or Other

2. File Specifications - Media Other Than Magnetic Tape.--

File Label - None

Physical Record Length - 192 characters

External Label - Same as magnetic tape, a thru f, for media other than telecommunications.

Other specifications will be agreed upon between provider and intermediary with the concurrence of the appropriate Regional Administrator.

3. Record Specifications.--The logical claim record is made up of a series of 192 character physical records. The physical records for each claim are divided into logical subsets as follows:

Subset 1 - Patient Data - Record Codes 20-29
Subset 2 - Third Party Data - Record Codes 30-39
Subset 3 - Claim Request Data - Record Codes 40-49
Subset 4 - Inpatient Accommodations Data - Record Codes 50-59
Subset 5 - Ancillary Services Data - Record Codes 60-69
Subset 6 - Medical Data - Record Codes 70-79
Subset 7 - Physician Data - Record Codes 80-89

The record layouts that follow will provide the following data:

1. Record Name: The name of the data record.
2. Record Type: Code indicating the type of record.
3. Record Size: Physical length of record. Constant 192.
4. Field Number
5. Field Name
6. Picture: This is the COBOL picture. Pic X is initialized to blanks and Pic 9 is initialized to zeroes. All money fields and date fields are Pic 9. All code fields that have a legitimate value of zero are Pic X. This makes it possible to detect whether a field is omitted.
7. Field Specification: This indicates how the data field is justified.
   L = Left justification, and R = Right justification.
8. Position:
   From = Leftmost position in the record (high order).
   Thru = Rightmost position in the record (low order).
9. All filler fields are reserved for national use unless otherwise specified.

4. Key to Records

Record Name	Record Type Code
Processor Data	01
Additional Coordination of Benefits (COB) Information	02
Reserved for National Assignment	03-04
Local Use	05-09
Provider Data	10
Reserved for National Assignment	11-14
Local Use	15-19
Patient Data	20
Noninsured Employment Information	21
Unassigned State Form Locators	22
Reserved for National Assignment	23-24
Local Use	25-29
Third Party Payer Data	30-32
Reserved for National Assignment	33
Authorization	34
Local Use	35-39
Claim Data TAN-Occurrence	40
Claim Data Condition-Value	41
*Claim Change Reason Code	42
Reserved for National Assignment	43-44
Local Use	45-49
IP Accommodations Data	50
* IP - Amount Paid by Primary Payer	51
Reserved for National Assignment	52-54
Local Use	55-59
IP Ancillary Services Data	60
Outpatient Procedures	61
* IP Ancillary Services Data - Amount Paid by Primary Payer	62
* Outpatient Procedures	63
* Ancillary or OP Reason Codes	64
Local Use	65-69
Medical Data	70
Plan of Treatment and Patient Information	71
Specific Services and Treatments	72
Plan of Treatment/Medical Update Narrative	73
Patient Information	74
Medical Documentation for Ambulance Claims	75
ESRD Medical Documentation	76
Plan of Treatment for Outpatient Rehabilitation	77
Reserved for National Assignment	78
Local Use	79

* COB specific records.

Record Name	Record Type Code
Physician Data	80
Pacemaker Registry Record	81
Reserved for National Assignment	82-84
Local Use	85-89
Claim Control Screen	90
Remarks (Overflow from RT 90)	91
* Claim Control Totals	92
Reserved for National Assignment	93-94
Provider Batch Control	95
Local Use	96-97
* Provider Chain Control	98
File Control	99

5. Record Layouts

RECORD TYPE 01 - PROCESSOR DATA

- Must be first record on file.
- Must be followed by RT 10.

NOTE: Files will be formatted so that this is a data record, not a conventional label. From a system standpoint, this will be a 'labelless' file.

The processor data record will be the first record on each reel.

This record indicates, in fields 5 thru 7, the class and identification of the organization designated to receive this file or transmission. If the code in field 5 is a "Z", the file contains records for multiple primary payers. In this case, the employer identification number (EIN), also known as the tax identification number (TIN), identifies the organization designated to receive this tape or transmission. Otherwise, the code in field 5 designates the types of primary payer. Field 6 contains the receiver/primary payer identification (NAIC number for commercials, Blue Cross number for PLANS, as indicated by each State agency for Medicaid, as assigned by CHAMPUS where applicable, etc.). For commercial insurers, Field 7 contains the specific office within the insurance carrier designated to receive this tape or transmission. For Blue Cross Plans, this field will be used as designated by the Plan receiving the file.

It is recommended that you and other billers establish a protocol limiting a file to a single reel of tape, single disk, cartridge, or cassette. In the event a file exceeds that limit, the reel, cartridge, or disk must end in a batch control (record type (RT) 95).

RECORD TYPE 01 - PROCESSOR DATA

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '01'	XX	L	1	2
2	Submitter EIN	9(10)	R	3	12
3	Multiple Provider Billing File Indicator	9		13	13
4	Filler (National Use)	X(17)	L	14	30
5	Receiver Type Code	X		31	31
6	Receiver Identification	9(5)	R	32	36
7	Receiver Sub-Identification	X(4)	L	37	40
8	Filler (National Use)	X(6)		41	46
9	Submitter Name	X(21)	L	47	67
	Submitter Address (Fields 10-13)				
10	Address	X(18)	L	68	85
11	City	X(15)	L	86	100
12	State	XX	L	101	102
13	ZIP Code	X(9)	L	103	111
14	Submitter FAX Number	9(10)	R	112	121
15	Country Code	X(4)	L	122	125
16	Submitter Telephone Number	9(10)	R	126	135
17	File Sequence & Serial Number	X(7)	L	136	142
18	Test/Production Indicator	X(4)	L	143	146
19	Date of Receipt (CCYYMMDD) (intermediary use only)	9(8)	R	147	154
20	Processing Date (Date Bill Submitted on HCFA 1450) (CCYYMMDD)	9(8)	R	155	162
21	Filler (Local Use)	X(27)		163	189
*22	Version Code 050	X(3)	L	190	192

*VERSION 050

See footnote C-1 for benefit coordination

RECORD TYPE 10 - PROVIDER DATA

- Must follow either RT 01 or 95.
- Must be followed by RT 20 or RT 74. RT 20 is used when submitting billing record. RT 74 is used only when attachment information is being sent independent of the claim.

NOTE: This record must be present for each provider batch combination.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record type '10'	XX	L	1	2
2	Type of Batch	XXX	L	3	5
3	Batch Number	99	R	6	7
4	Federal Tax Number or EIN	9(10)	R	8	17
5	Federal Tax Sub ID	X(4)	L	18	21
6	National Provider Identifier	X(13)	L	22	34
7	Medicaid Provider Number	X(13)	L	35	47
8	CHAMPUS Insurer Provider Number	X(13)	L	48	60
9	Other Insurer Provider Number	X(13)	L	61	73
10	Other Insurer Provider Number	X(13)	L	74	86
11	Provider Telephone Number	9(10)	R	87	96
12	Provider Name	X(25)	L	97	121
	Provider Address (Fields 13-16)				
13	Address	X(25)	L	122	146
14	City	X(14)	L	147	160
15	State	XX	L	161	162
16	ZIP Code	X(9)	L	163	171
17	Provider FAX Number	9(10)	R	172	181
18	Country Code	X(4)	L	182	185
19	Filler (National Use)	X(4)		186	189
20	Filler (State Use)	X(3)		190	192

See footnote C-2 for benefit coordination.

RECORD TYPES 20-2N - Patient Data

- Must follow either RT 10, RT 90, or RT 91.
- Must be followed by RT 2l-2N or RT 30.
- All records following up through RT 90 must have the same patient control number.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '20'	XX	L	1	2
2	Filler (National Use)	XX		3	4
3	Patient Control Number	X(20)	L	5	24
	Patient Name (Fields 4-6)				
4	Last Name	X(20)	L	25	44
5	First Name	X(9)	L	45	53
6	Middle Initial	X		54	54
7	Patient Sex	X		55	55
8	Patient Birthdate (CCYYMMDD)	9(8)	R	56	63
9	Patient Marital Status	X		64	64
10	Type of Admission	X		65	65
11	Source of Admission	X		66	66
	Patient Address (Fields 12-16)				
12	Address - Line 1	X(18)	L	67	84
13	Address - Line 2	X(12)	L	85	96
14	City	X(15)	L	97	111
15	State	XX	L	112	113
16	ZIP Code	X(9)	L	114	122
17	Admission/Start of Care Date (CCYYMMDD)	9(8)	R	123	130
18	Admission Hour	XX	L	131	132
	Statement Covers Period				
19	From (CCYYMMDD)	9(8)	R	133	140
20	Thru (CCYYMMDD)	9(8)	R	141	148
21	Patient Status	99	R	149	150
22	Discharge Hour	XX	L	151	152
23	Payments Received (Patient line)	9(8)V99S	R	153	162
24	Estimated Amount Due(Patient line)	9(8)V99S	R	163	172
25	Medical Record Number	X(17)	L	173	189
26	Filler (National Use)	X(3)		190	192

See footnote C-3 for benefit coordination.

RECORD TYPE 21 - NONINSURED EMPLOYMENT INFORMATION

- Must follow RT 20.
- Must be followed by RT 2l-2N or RT 30.
- This record contains employment information pertaining to individuals not claiming insurance, but who may have some insurance coverage through their employer from which the patient may be eligible for benefits.
- There are four different individuals to whom this may apply: the patient, the patient's spouse, the patient's father, and the patient's mother. If more than two of these individuals are involved in this claim, use a second record type 21 to submit the relevant employment data for the third, and if applicable, the fourth party involved. The sequence number (field 2) of the second Type 21 record is shown as "02".

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '21'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	EMPLOYMENT INFORMATION PACKET ONE				
4	Employer Name	X(24)	L	25	48
	Employer Location (Fields 5 - 8)				
5	Employer Address	X(18)	L	49	66
6	Employer City	X(15)	L	67	81
7	Employer State	XX	L	82	83
8	Employer ZIP Code	X(9)	L	84	92
9	Employment Status Code	9		93	93
9a	Employer Qualifier (COB only)	99	R	94	95
10	Filler (National Use)	X(13)		96	108
	EMPLOYMENT INFORMATION PACKET TWO				
11	Employer Name	X(24)	L	109	132
	Employer Location (Fields 12 - 15)				
12	Employer Address	X(18)	L	133	150
13	Employer City	X(15)	L	151	165
14	Employer State	XX	L	166	167
15	Employer ZIP Code	X(9)	L	168	176
16	Employment Status Code	9		177	177
16a	Employer Qualifier (COB only)	99	R	178	179
17	Filler (National Use)	X(13)		180	192

See footnote C-4 for benefit coordination usage.

RECORD TYPE 22 - UNASSIGNED STATE FORM LOCATORS

- Not required by Medicare
- Assignment and/or use of these form locators is the responsibility of individual State Uniform Billing Committees (SUBCs).
- The state code in field 4 is used to identify the SUBC responsible for the definition of the form locators on this sequence of RT 22.
- Must follow RT 20 or 21.
- Must be followed by RT 30.

Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '22'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	State Code	X(2)	L	25	26
5	Form Locator 2 (upper line)	X(29)	L	27	55
6	Form Locator 2 (lower line)	X(30)	L	56	85
7	Form Locator 11 (upper line)	X(12)	L	86	97
8	Form Locator 11 (lower line)	X(13)	L	98	110
9	Form Locator 56 (upper line)	X(13)	L	111	123
10	Form Locator 56 (2nd line)	X(14)	L	124	137
11	Form Locator 56 (3rd line)	X(14)	L	138	151
12	Form Locator 56 (4th line)	X(14)	L	152	165
13	Form Locator 56 (patient line)	X(14)	L	166	179
14	Form Locator 78 (upper line)	X(2)	L	180	181
15	Form Locator 78 (lower line)	X(3)	L	182	184
16	Filler (Local Use)	X(8)		185	192

See footnote C-5 for benefit coordination usage.

RECORD TYPES 30-3N - Third Party Payer

One third party payer record packet (record types 30-3N) must appear in the bill record for each payer involved in the bill. Each third party payer packet must contain a record type 30. However, each record type 30 may or may not have an associated record type 3l depending on the specific third party payer data required by the particular payer.

There is an optional RT 34 that contains detailed authorization information. If you require treatment or other authorization in advance of the beneficiary's receipt of services, issue an authorization number. If the authorization number is for a limited period of time, inform the provider of the applicable dates. If the authorization number applies to the entire claim, it is entered in RT 40 in the appropriate location for the payer issuing it. For further information regarding use of this record, see page A-15.

EXAMPLE: Medicare is primary, and the secondary payer requires the insured's address.

	Record Type Code	Sequence Number
Medicare	30	01
Secondary Payer	30	02
Secondary Payer	31	02
Authorization	34	02

Because the sequence number of the type 31 record for the secondary payer matches the sequence number of the secondary payer's type 30 record, it serves as a matching criterion for the specific third party payer record packet.

Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

RECORD TYPE 30 - THIRD PARTY PAYER DATA

| o May be followed by RT 30, 31, 34 or 40.

FIELD NO. THRU	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	
1	Record type '30'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Source of Payment Code	X		25	25
5-6	Payer Identification Number	X(9)	L	26	34
7	Certificate/SocSecNumber/ Health Insurance Claim/ Identification Number	X(19)	L	35	53
8a	Payer Identification Indicator	XX	L	54	55
8b	Payer Name	X(23)	L	56	78
9	Payer Code	X		79	79
10	Insurance Group Number	X(17)	L	80	96
11	Insured Group Name	X(14)	L	97	110
	Insured's Name (Fields 12-14)				
12	Last Name	X(20)	L	111	130
13	First Name	X(9)	L	131	139
14	Middle Initial	X		140	140
15	Insured's Sex	X		141	141
16	Release of Information Certification Indicator	X		142	142
17	Assignment of Benefits Certification Indicator	X		143	143
18	Patient's Relationship to Insured	99	R	144	145
19	Employment Status Code	9		146	146
20	Covered Days	9(3)	R	147	149
21	Noncovered Days	9(4)	R	150	153
22	Coinsurance Days	9(3)	R	154	156
23	Lifetime Reserve Days	9(3)	R	157	159
24	Provider Identification Number X(13)		L	160	172
25	Payments Received	9(8)V99S	R	173	182
26	Estimated Amount Due	9(8)V99S	R	183	192

| See footnote C-6 for benefit coordination.

RECORD TYPE 31 - THIRD PARTY PAYER DATA

- o May follow RT 30 or 31.
- o May be followed by RT 31, 34, or 40.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '31'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Insured's Address (Fields 4-8)				
4	Address - Line 1	X(18)	L	25	42
5	Address - Line 2	X(12)	L	43	54
5A	Filler	X(6)	L	55	60
6	City	X(15)	L	61	75
7	State	XX	L	76	77
8	ZIP Code	X(9)	L	78	86
9	Employer Name	X(24)	L	87	110
	Employer Location (Fields 10 - 13)				
10	Employer Address	X(18)	L	111	128
11	Employer City	X(15)	L	129	143
12	Employer State	XX	L	144	145
13	Employer ZIP Code	X(9)	L	146	154
14	Form Locator 37 (ICN/DCN)	X(23)	L	155	177
15	Contract Number	X(5)	L	178	182
16	Filler (National Use)	X(10)		183	192

See footnote C-7 for benefit coordination.

RECORD TYPE 32 - THIRD PARTY PAYER DATA

- o May follow RT 30 or 31.
- o May be followed by RT 32, 34, or 40.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '32'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Payer Name	X(25)	L	25	49
	Payer Address (Fields 5-9)				
5	Address	X(18)	L	50	67
6	Address	X(18)	L	68	85
7	City	X(15)	L	86	100
8	State	XX	L	101	102
9	Zip Code	X(9)	L	103	111
10	Filler (National Use)	X(81)		112	192

See footnote C-8 for benefit coordination.

RECORD TYPE 34 - Authorization

For routine use of a treatment authorization number that applies to the entire claim, use RT 40, Claim-TAN-Occurrence. For authorizations requiring dates, i.e., limited to a particular period of time, HCPCS or revenue code, use RT 34, Authorization. Use the same sequence numbers for RT 34 as are used for RT 30. The sequence 01 record must refer to the primary payer, Payer A. The sequence 02 must refer to the secondary payer, Payer B, and the 03 must refer to the tertiary payer, Payer C.

Use RT 34 when revenue code 624 is used in RT 60 or 61 to report investigational device exemption number (IDE). If multiple IDEs are in RT 60 or 61, the first is described in fields 4-9, the second in field 10, the third in field 11, and the fourth in field 12.

Should you need to show authorization for only the secondary payer, complete an RT 34 for sequence 02 only. Do not complete an RT 34 for Payer A, sequence 01.

Use the revenue code and/or HCPCS procedure code to match the appropriate line item.

- o May follow RT 30, 31, or 34.
- o May be followed by RT 34 or 40.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record type '34'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Authorization - 1	X(45)	L	25	69
4	Authorization Type	X(2)	L	25	26
5	Authorization Number IDE number	X(18)	L	27	44
6	Authorization From Date (CCYYMMDD)	9(8)	R	45	52
7	Authorization Thru Date (CCYYMMDD)	9(8)	R	53	60
8	Authorization Revenue Code	9(4)	R	61	64
9	Authorization HCPCS Procedure Code	X(5)	L	65	69
10	Authorization - 2 IDE number	X(45)	L	70	114
11	Authorization - 3 IDE number	X(45)	L	115	159
12	Filler (National Use)	X(33)		160	192

See footnote C-9 for benefit coordination.

RECORD TYPE 40 - 4N - CLAIM DATA
RECORD TYPE 40 - CLAIM DATA TAN-OCCURRENCE
RECORD TYPE 41 - CLAIM DATA CONDITION-VALUE

Generally, a claim contains a single set of type 40 and type 41 records. Each claim must contain a RT 40. The set may or may not contain a RT 41, depending on the information being submitted. (If there are no condition or value codes to report for the particular claim, there is no need for a RT 41.) However, if one set is not sufficient to contain all iterations of a particular coding structure, e.g., more than 12 value codes are required, submit additional iterations of the appropriate record type, 40 or 41, to convey the additional codes.

For RTs 40 and 41, sequence numbers 02 or higher, all fields except the field or fields required to convey the additional code or codes that could not be contained on the sequence 01 record are initialized to zeroes or blanks as appropriate, with the exception of the Record Type, Sequence, and Patient Control Number fields.

It is conceivable that a claim may require as many as 3 sequences of Claim-TAN-Occurrence and only 1 of Condition-Value, or vice versa. This is acceptable.

RECORD TYPE 40 - CLAIM DATA TAN-OCCURRENCE

- o May follow RT 30, 31, 34, or 40.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '40'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Type of Bill	X(3)	L	25	27
	TREATMENT AUTHORIZATION CODE Repeats 3 times				
5	Treatment Authorization Code-A	X(18)	L	28	45
6	Treatment Authorization Code-B	X(18)	L	46	63
7	Treatment Authorization Code-C	X(18)	L	64	81
	OCCURRENCE CODE and DATE Repeats 7 times				
8	Occurrence Code - 1	X(2)	L	82	83
9	Occurrence Date - l (CCYYMMDD)	9(8)	R	84	91
10	Occurrence Code - 2	X(2)	L	92	93
11	Occurrence Date - 2 (CCYYMMDD)	9(8)	R	94	101
12	Occurrence Code - 3	X(2)	L	102	103
13	Occurrence Date - 3 (CCYYMMDD)	9(8)	R	104	111
14	Occurrence Code - 4	X(2)	L	112	113
15	Occurrence Date - 4 (CCYYMMDD)	9(8)	R	114	121

RECORD TYPE 40 (Cont.) - CLAIM DATA TAN-OCCURRENCE

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
16	Occurrence Code - 5	X(2)	L	122	123
17	Occurrence Date - 5 (CCYYMMDD)	9(8)	R	124	131
18	Occurrence Code - 6	X(2)	L	132	133
19	Occurrence Date - 6 (CCYYMMDD)	9(8)	R	134	141
20	Occurrence Code - 7	X(2)	L	142	143
21	Occurrence Date - 7	9(8)	R	144	151
	OCCURRENCE SPAN CODE and DATES Repeats 2 times				
22	Occurrence Span Code - 1	X(2)	L	152	153
23	Occurrence Span FROM DATE - 1 (CCYYMMDD)	9(8)	R	154	161
24	Occurrence Span THRU DATE - 1 (CCYYMMDD)	9(8)	R	162	1 6 9
25	Occurrence Span Code - 2	X(2)	L	170	171
26	Occurrence Span FROM DATE - 2 (CCYYMMDD)	9(8)	R	172	179
27	Occurrence Span THRU DATE - 2	9(8)	R	180	187
28	Filler (National Use)	X(5)		188	192

NOTE: IF THE CODE IN THE OCCURRENCE CODE FIELD IS OVER 69, THE TWO DATE FIELDS FOLLOWING THAT CODE ARE ASSOCIATED WITH IT, AND THE FIELD FOLLOWING THE FIRST DATE IS ZERO. IF THE CODE INDICATED IN THE OCCURRENCE SPAN CODE FIELD IS LESS THAN 70, ONLY THE OCCURRENCE SPAN FROM DATE IS COMPLETED. THE CODE AND DATE IS INTERPRETED AS AN OCCURRENCE CODE.

SIMILARLY, IF THE CODE IN THE OCCURRENCE CODE FIELD IS M0-Z9, THE TWO DATE FIELDS FOLLOWING THAT CODE ARE ASSOCIATED WITH IT, AND THE FIELD FOLLOWING THE FIRST DATE IS ZERO. IF THE CODE INDICATED IN THE OCCURRENCE SPAN CODE FIELD IS A1-L9, ONLY THE OCCURRENCE SPAN FROM DATE IS COMPLETED. THE CODE AND DATE IS INTERPRETED AS AN OCCURRENCE CODE.

See footnote C-10 for benefit coordination.

RECORD TYPE 41 - CLAIM DATA CONDITION-VALUE

- May follow RT 40 or 41.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '41'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	CONDITION CODE Repeats 10 times				
4	Condition Code - 1	X(2)	L	25	26
5	Condition Code - 2	X(2)	L	27	28
6	Condition Code - 3	X(2)	L	29	30
7	Condition Code - 4	X(2)	L	31	32
8	Condition Code - 5	X(2)	L	33	34
9	Condition Code - 6	X(2)	L	35	36
10	Condition Code - 7	X(2)	L	37	38
11	Condition Code - 8	X(2)	L	39	40
12	Condition Code - 9	X(2)	L	41	42
13	Condition Code - 10	X(2)	L	43	44
14	Form Locator 31 (upper)	X(5)	L	45	49
15	Form Locator 31 (lower)	X(6)	L	50	55
	VALUE CODE Repeats 12 times				
16	Value Code - 1	X(2)	L	56	57
17	Value Amount - 1	9(7)V99S	R	58	66
18	Value Code - 2	X(2)	L	67	68
19	Value Amount - 2	9(7)V99S	R	69	77
20	Value Code - 3	X(2)	L	78	79
21	Value Amount - 3	9(7)V99S	R	80	88
22	Value Code - 4	X(2)	L	89	90
23	Value Amount - 4	9(7)V99S	R	91	99
24	Value Code - 5	X(2)	L	100	101
25	Value Amount - 5	9(7)V99S	R	102	110
26	Value Code - 6	X(2)	L	111	112
27	Value Amount - 6	9(7)V99S	R	113	121
28	Value Code - 7	X(2)	L	122	123
29	Value Amount - 7	9(7)V99S	R	124	132
30	Value Code - 8	X(2)	L	133	134
31	Value Amount - 8	9(7)V99S	R	135	143
32	Value Code - 9	X(2)	L	144	145
33	Value Amount - 9	9(7)V99S	R	146	154
34	Value Code - 10	X(2)	L	155	156
35	Value Amount - 10	9(7)V99S	R	157	165
36	Value Code - 11	X(2)	L	166	167
37	Value Amount - 11	9(7)V99S	R	168	176
38	Value Code - 12	X(2)	L	177	178
39	Value Amount - 12	9(7)V99S	R	179	187
40	Filler (National Use)	X(5)		188	192

See footnote C-11 for benefit coordination.

RECORD TYPE 50 - IP ACCOMMODATIONS DATA

- May be preceded by RT 40 - 4n or 50 - 5n.
- May be followed by RT 50 - 5n, 60, or 70.
- Accommodations must be entered in numeric sequence.
- The sequence number for record type 50 can go from 01 to 99, each such physical record containing four accommodations, thus making provision for reporting up to 396 accommodations on a single claim.

ACCOMMODATION REVENUE CODES: 100 THRU 21X

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '50'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Accommodations (occurs 4 times)				
	Accommodations - 1	X(42)		25	66
4	Accommodations Revenue Code	9(4)	R	25	28
5	Accommodations Rate	9(7)V99	R	29	37
6	Accommodations Days	9(4)	R	38	41
7	Accommodations Total Charges 9(8)V99S		R	42	51
8	Accommodations Noncovered Charges 9(8)V99S		R	52	61
9	Form Locator 49	X(4)	L	62	65
10	Filler (National Use)	X		66	66
11	Accommodations - 2	X(42)		67	108
12	Accommodations - 3	X(42)		109	150
13	Accommodations - 4	X(42)		151	192

See footnote C-12 for benefit coordination.

RECORD TYPE 60 - IP Ancillary Services Data

- o May be preceded by RT 40, 41, 50 - 5n, or 60.
- o May be followed by RT 60 or 70.
- o The sequence number for record type 60 can go from 0lX to 99, each such physical record containing three inpatient ancillary service codes, thus making provision for reporting up to 297 inpatient ancillary services on a single claim.
- o Write all sequences of RT 60.

PAYER AND RELATED INFORMATION REVENUE CODES: CODES 010 - 099.

THESE CODES MAY BE REPORTED IN RT 60, BUT THE AMOUNTS ASSOCIATED WITH THEM ARE NOT TO BE INCLUDED IN CONTROL TOTALS FOR ANCILLARIES IN RTS 90 AND 91.

INPATIENT ANCILLARY SERVICES REVENUE CODES: CODES 220 - 99X.

INPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '60'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Inpatient Ancillaries (occurs 3 times)				
	Inpatient Ancillaries - 1	X(56)		25	80
4	Inpatient Ancillary Revenue Code	9(4)	R	25	28
	If Revenue Code is 624, then also use RT 34.				
	When Revenue Code is 002X then field 5 contains a HIPPS Rate Code				
5	HCPCS Procedure Code/HIPPS	X(5)	L	29	33
6	Modifier 1 (HCPCS & CPT-4)	X(2)	L	34	35
7	Modifier 2 (HCPCS & CPT-4)	X(2)	L	36	37
8	Inpatient Ancillary Units of Service	9(7)	R	38	44
9	Inpatient Ancillary Total Charges	9(8)V99S	R	45	54
10	Inpatient Ancillary Noncovered Charges	9(8)V99S	R	55	64
11	Form Locator 49	X(4)	L	65	68
* 12	Assessment Date (CCYYMMDD)	X(8)	L	69	76
12a	Filler (National Use)	X(4)		77	80
13	Inpatient Ancillaries - 2	X(56)		81	136
14	Inpatient Ancillaries - 3	X(56)		137	192

* This RT 60 will be identical for versions 4.1 and 5.0. Field 12 must only be completed when Revenue Code 002X is used, otherwise leave blank.

See footnote C-13 for benefit coordination.

RECORD TYPE 61 - OUTPATIENT PROCEDURES

- o May be preceded by RT 40, 41, or 61.
- o May be followed by RT 61 - 6n, 70, or 80.
- o The sequence number for record type 61 can go from 01 to 99, each such physical record containing three procedure codes, thus making provision for reporting up to 297 procedures on a single claim.

PAYER AND RELATED INFORMATION REVENUE CODES: CODES 010 - 099.

THESE CODES MAY BE REPORTED IN RT 61, BUT THE AMOUNTS ASSOCIATED WITH THEM ARE NOT TO BE INCLUDED IN CONTROL TOTALS FOR ANCILLARIES IN RTS 90 AND 91.

OUTPATIENT ANCILLARY CODES MUST BE IN CODE NUMBER SEQUENCE.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record type '61'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Revenue Center (occurs 3 times)				
	Revenue Code - 1	X(56)		25	80
4	Revenue Code If Revenue Code is 624, then also use RT 34.	9(4)	R	25	28
5	HCPCS Procedure Code	X(5)	L	29	33
6	Modifier 1 (HCPCS & CPT-4)	X(2)	L	34	35
7	Modifier 2 (HCPCS & CPT-4)	X(2)	L	36	37
8	Units of Service	9(7)	R	38	44
9	Form Locator 49	X(6)	L	45	50
10	Outpatient Total Charges	9(8)V99S	R	51	60
11	Outpatient Noncovered Charges	9(8)V99S	R	61	70
12	Date of Service (CCYYMMDD)	9(8)	R	71	78
13	Filler (National Use)	X(2)		79	80
* 14	Revenue Code - 2	X(56)		81	136
* 15	Revenue Code - 3	X(56)		137	192

* Revenue Codes 2 and 3 have the same format as fields 4-13 in Revenue Center 1.

See footnote C-14 for benefit coordination.

RECORD TYPE 70 - 7N - MEDICAL DATA

- o May be preceded by RT 50, 60, or 61.
- o May be followed by RT 7N, 80, or 90.

The sequence number for RT 70 can be 01 or 02. The 01 record is for the reporting of nine diagnoses and six procedures leaving filler (positions 170-192) for local use. Use an 02 record when reporting Form Locator 57 data.

NOTE: ICD-9-CM coding is required for all bill types. Do not report the decimal in the code. The ICD-9-CM diagnosis codes are assigned a cobol picture of X. Format the actual code in one of four general ways.

If you report 99999, it translates to 999.99.
If you report V9999, it translates to V99.99.
If you report E9999, it translates to E999.9.
If you report M99999, it translates to M9999/9.

To determine the location of the decimal position and the potential number of decimal positions, it is necessary only to examine the high order (left most) position of the field.

RECORD TYPE 70 - MEDICAL DATA (SEQUENCE 1 & 2)

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	SEQUENCE 1				
1	Record Type '70'	XX	L	1	2
2	Sequence	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Principal Diagnosis Code	X(6)	L	25	30
5	Other Diagnosis Code - 1	X(6)	L	31	36
6	Other Diagnosis Code - 2	X(6)	L	37	42
7	Other Diagnosis Code - 3	X(6)	L	43	48
8	Other Diagnosis Code - 4	X(6)	L	49	54
9	Other Diagnosis Code - 5	X(6)	L	55	60
10	Other Diagnosis Code - 6	X(6)	L	61	66
11	Other Diagnosis Code - 7	X(6)	L	67	72
12	Other Diagnosis Code - 8	X(6)	L	73	78
13	Principal Procedure Code	X(7)	L	79	85
14	Principal Procedure Date (CCYYMMDD)	9(8)	R	86	93
15	Other Procedure Code - 1	X(7)	L	94	100
16	Other Procedure Date - 1 (CCYYMMDD)	9(8)	R	101	108
17	Other Procedure Code - 2	X(7)	L	109	115
18	Other Procedure Date - 2 (CCYYMMDD)	9(8)	R	116	123
19	Other Procedure Code - 3	X(7)	L	124	130
20	Other Procedure Date - 3 (CCYYMMDD)	9(8)	R	131	138
21	Other Procedure Code - 4	X(7)	L	139	145
22	Other Procedure Date - 4 (CCYYMMDD)	9(8)	R	146	153
23	Other Procedure Code - 5	X(7)	L	154	160
24	Other Procedure Date - 5 (CCYYMMDD)	9(8)	R	161	168
25	Admitting Diagnosis Code	X(6)	L	169	174
26	External Cause of Injury (E-Code)	X(6)	L	175	180
27	Procedure Coding Method Used	9		181	181
28	Filler (National Use)	X(11)		182	192

See footnote C-15 for benefit coordination.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	SEQUENCE 2				
	o Must follow RT 70, sequence 01.				
	o May be followed by RT 71-73, 75, 76, 77, or 80				
1	Record Type '70'	XX	L	1	2
2	Sequence	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Form Locator 57	X(27)	L	25	51
5	Filler (National Use)	X(141)		52	192

RECORD TYPES 71-74 - HOME HEALTH DATA ELEMENTS FOR MEDICAL REVIEW OF HOME HEALTH CLAIMS

- o May be preceded by RT 10, 70, or 71.
- o May be followed by RT 7N, 80, or 90.
- o If being sent RT 74 must be independent of claim.

RECORD TYPE 71 - Plan Of Treatment and Patient Information
RECORD TYPE 72 - Specific Services and Treatments
RECORD TYPE 73 - Plan Of Treatment/Medical Update Narrative
RECORD TYPE 74 - Patient Information

For use by HHAs to submit data from Forms HCFA-485 and HCFA-486. Data is required when requested by the RHHI. RTs 71, 72, and 73 must be present. However, when submitting data from the HCFA-486 only (i.e., on interim claims), providers complete only the following fields on RT 71: Fields 1-6, 24-26, and 28-31. Zeroes are present in numeric fields and blanks in alphanumeric fields which do not contain data.

Data for the electronic Forms HCFA-485 and HCFA-486 (i.e., RT 71-73) submitted separately from claim data must be in a batch containing RT 10. RT 10, field 2 (Type of Batch) must contain "3M blank" to identify that the batch contains only attachment data. An RT 74 must be submitted for each unique patient in a 3M batch. The RT 74 replaces the RT 20 for patient data in a 3M batch.

Providers must retain signed copies of the HCFA-485 and HCFA-486 in their files. The Provider Representative Certification must be submitted with the initial batch of claims containing the HCFA-485 and HCFA-486 data elements. Subsequent certifications are to be submitted in accordance with the Hospital Manual, §499.1.

See footnote C-15 for benefit coordination.

RECORD TYPE 71 - PLAN OF TREATMENT AND PATIENT INFORMATION

- o May follow RT 70, 71, or 74.

	FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	1	Record Type '71'	XX	L	1	2
|	2	Sequence Number	99	R	3	4
*	3	Patient Control Number	X(20)	L	5	24
*	4	Data ID	X		25	25
*	5	SOC Date (CCYYMMDD)	9(8)	R	26	33
		Certification Period				
*	6	From (CCYYMMDD)	9(8)	R	34	41
*	7	To (CCYYMMDD)	9(8)	R	42	49
*	8	Date of Onset or Exacerbation of Principal Diagnosis (CCYYMMDD)	9(8)	R	50	57
*	9	Surgical Procedure Code	X(7)	L	58	64
*	10	Date Surgical Procedure Performed (CCYYMMDD)	9(8)	R	65	72
		Dates of Onset/Exacerbation of Secondary Diagnoses (occurs 2 times)				
*	11	Date Secondary Diagnosis-1	9(8)	R	73	80
*	12	Date Secondary Diagnosis-2	9(8)	R	81	88
*	13	Functional Limitation Code (occurs 10 times)	X(10)	L	89	98
*	14	Activities Permitted Code (occurs 10 times)	X(10)	L	99	108
*	15	Mental Status Code (occurs 5 times)	X(5)	L	109	113
*	16	Prognosis	X		114	114
| *	17	Verbal SOC Date (CCYYMMDD)	9(8)	R	115	122
	18	Attending Physician's Last Name	X(16)	L	123	138
	19	Attending Physician's First Name	X(8)	L	139	146
	20	Attending Physician's Initial	X		147	147
	21	Attending Physician's ZIP Code	X(9)	L	148	156
	22	Medicare Covered	X		157	157
*	23	Date Physician Last Saw Patient (CCYYMMDD)	9(8)	R	158	165
*	24	Date Last Contacted Physician (CCYYMMDD)	9(8)	R	166	173
	25	Patient Receiving Care in 1861(j)(1) Facility	X		174	174
	26	Cert/Recert/Mod	X		175	175
*	27	Admission (CCYYMMDD)	9(8)	R	176	183
*	28	Discharge (CCYYMMDD)	9(8)	R	184	191
*	29	Type of Facility	X		192	192

* This denotes the data elements that are required for the abbreviated format for the HCFA-485/486. See footnote C-16 for benefit coordination.

RECORD TYPE 72 - SPECIFIC SERVICES AND TREATMENTS

- o May follow RT 71 or 72.
- o May be followed by RT 72, 73, 74, 75, 76, 77, 80, or 90.

	FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFICATION	POSITION FROM	POSITION THRU
	1	Record Type '72'	XX	L	1	2
*	2	Sequence Number	99	R	3	4
*	3	Patient Control Number	X(20)	L	5	24
*	4	Discipline	XX	L	25	26
*	5	Visits (This Bill) Related to Prior Certification Frequency and Duration (Occurs 12 Times)	99	R	27	28
*	6	Frequency and Duration - 1	X(6)		29	34
		Frequency Number - 1	9		29	29
		Frequency Period - 1	XX	L	30	31
		Duration - 1	X(3)	L	32	34
*	7	Frequency and Duration - 2	X(6)		35	40
*	8	Frequency and Duration - 3	X(6)		41	46
*	9	Frequency and Duration - 4	X(6)		47	52
*	10	Frequency and Duration - 5	X(6)		53	58
*	11	Frequency and Duration - 6	X(6)		59	64
*	12	Frequency and Duration - 7	X(6)		65	70
*	13	Frequency and Duration - 8	X(6)		71	76
*	14	Frequency and Duration - 9	X(6)		77	82
*	15	Frequency and Duration -10	X(6)		83	88
*	16	Frequency and Duration -11	X(6)		89	94
*	17	Frequency and Duration -12	X(6)		95	100
		Treatment Codes (Occurs 25 Times)	X(75)		101	175
*	18	Code - 1	X(3)	L	101	103
*	19	Code - 2	X(3)	L	104	106
*	20	Code - 3	X(3)	L	107	109
*	21	Code - 4	X(3)	L	110	112
*	22	Code - 5	X(3)	L	113	115
*	23	Code - 6	X(3)	L	116	118
*	24	Code - 7	X(3)	L	119	121
*	25	Code - 8	X(3)	L	122	124
*	26	Code - 9	X(3)	L	125	127
*	27	Code -10	X(3)	L	128	130
*	28	Code -11	X(3)	L	131	133
*	29	Code -12	X(3)	L	134	136
*	30	Code -13	X(3)	L	137	139
*	31	Code -14	X(3)	L	140	142
*	32	Code -15	X(3)	L	143	145
*	33	Code -16	X(3)	L	146	148
*	34	Code -17	X(3)	L	149	151
*	35	Code -18	X(3)	L	152	154

* This denotes the data elements that are required for the abbreviated format for the HCFA-485 and HCFA-486.

RECORD TYPE 72 (Cont.) - SPECIFIC SERVICES AND TREATMENTS

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
* 36	Code -19	X(3)	L	155	157
* 37	Code -20	X(3)	L	158	160
* 38	Code -21	X(3)	L	161	163
* 39	Code -22	X(3)	L	164	166
* 40	Code -23	X(3)	L	167	169
* 41	Code -24	X(3)	L	170	172
* 42	Code -25	X(3)	L	173	175
* 43	Total Visits Pro-jected This Cert.	99	R	176	177
44	Filler (National Use)	X(7)		178	184
45	Filler (Local Use)	X(8)		185	192

* This denotes the data elements that are required for the abbreviated format for the HCFA-485 and HCFA-486.

See footnote C-17 for benefit coordination.

RECORD TYPE 73 - PLAN OF TREATMENT/MEDICAL UPDATE NARRATIVE

This record(s) contains narrative information from the forms "Home Health Certification and Plan of Treatment" and "Medical Update and Patient Information." This record is used to provide information requested on the HCFA-485 and HCFA-486 and to elaborate on any item on the forms. The HHA should not provide narrative instead of completing fields on RTs 71 and 72. Complete a separate RT 73 for each item. As many 73 records as necessary are used. A sequence number is increased by one for each record present (i.e., 01-99). Listed below are items which may require a narrative record. An "R" is reflected for data which is always required.

Data Element	Data ID Number	Required Element
Medications	48510	R
DME and Supplies	48514	Not required if no DME or supplies are billed.
Safety Measures	48515	If present.
Nutritional Requirements	48516	R
Allergies	48517	If present.
Orders for Discipline and Treatments	48521	R
Goals/Rehabilitation Potential/Discharge Plans	48522	R
Updated Information	48616	R
Functional Limitations	48617	R
Reason Homebound		
Supplementary Plan of Treatment	48618	If applicable.
Unusual Home/Social Environment	48619	If applicable.
Times and Reasons Patient Not at Home	48620	If affirmative.
Medical/Nonmedical Reasons Patient Leaves Home	48621	R

- o May follow RT 72 or 73.
- o May be followed by RT 73, 74, 75, 76, 77, 80, or 90.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '73'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Filler (National Use)	XX	L	25	26
5	Data ID Number	X(5)	L	27	31
6	Corresponding Data	X(161)	L	32	192

See footnote C-18 for benefit coordination.

RECORD TYPE 74 - PATIENT INFORMATION

This record is only used to give patient information when a provider submits attachment data (i.e., plans of treatment) independent of claim data. Each new RT 74 indicates a new and unique claim.

Attachment records (7X series) submitted separately must be in a batch submission containing RT 10 (Provider Batch Header Record) and RT 95 (Provider Batch Control). On RT 10, field 2 and RT 95, field 5 submitters enter Type of Batch "3M blank" to identify that the batch contains only attachment data.

RT 74 is not required when Record Types 20, 30, 60, 61, and 70 are submitted. RT 74 must be in a file transmission with Record Types 01, 10, 90, 95, and 99.

If submitting home health agency data, RT 74 must be preceded by Record Types 71, 72, and 73. If submitting ambulance, end stage renal disease facility, or rehabilitative services, Record Types 75, 76, or 77, respectively, must follow RT 74.

Providers must notify you and conduct testing, as appropriate, prior to submitting data separate from the claim.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '74'	XX	L	1	2
2	Filler (National Use)	XX		3	4
3	Patient Control Number	X(20)	L	5	24
4	Attachment Submission Status	XX	L	25	26
5	HICN	X(19)	L	27	45
6	Medical Record Number	X(17)	L	46	62
	Patient Name				
7	Last Name	X(20)	L	63	82
8	First Name	X(9)	L	83	91
9	Middle Initial	X		92	92
10	Patient Birthdate (CCYYMMDD)	9(8)	R	93	100
11	Patient Sex	X		101	101
12	Principal Diagnosis Code	X(6)	L	102	107
13	Other Diagnosis Code-1	X(6)	L	108	113
14	Other Diagnosis Code-2	X(6)	L	114	119
15	Other Diagnosis Code-3	X(6)	L	120	125
16	Other Diagnosis Code-4	X(6)	L	126	131
17	Start of Care/Admission Date (CCYYMMDD)	9(8)	R	132	139
	Statement Covers Period				
18	From Date (CCYYMMDD)	9(8)	R	140	147
19	Through Date (CCYYMMDD)	9(8)	R	148	155
20	Provider No.	X(13)	L	156	168
21	Internal Control/Document Control Number (ICN/DCN)	X(23)	L	169	191
22	Filler (National Use)	X		192	192

See footnote C-19 for benefit coordination.

RECORD TYPE 75 - MEDICAL DOCUMENTATION FOR AMBULANCE CLAIMS

- o May be preceded by RT 40, 41, 50, 60, 70, 74, or 75.
- o If not preceded by RT 40, 41, 50, 60, or 70, must be preceded by RT 74 or 75.
- o May be followed by RT 75, sequence 2, 76, 77, 80, or 90.

Record Type 75 is used by providers to submit medical documentation for ambulance claims. They may submit information with or without the billing record. When submitted without billing records, RT 74 is used to give patient information.

A single record to provide documentation for the following ambulance services reported on the billing record:

- o A single trip;
- o A round trip origin to destination and return; and
- o Multiple trips if the origin and destination points are the same, or initial and return trips are the same.

Separate record for each ambulance trip(s) reported on the bill does not meet the above criteria.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '75'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
	Reasons for Ambulance Transportation (occurs 3 times)				
4	Reason 1 X(3)		L	25	27
5	Reason 2 X(3)		L	28	30
6	Reason 3 X(3)		L	31	33
7	Number of Trips	XX	L	34	35
	Pickup - Destination Code (occurs 2 times)				
8	Code -1 X(3)		L	36	38
9	Code -2 X(3)		L	39	41
10	Base Charge	9(5)V99S	R	42	48
11	Number of Miles	9(4)	R	49	52
12	Cost Per Mile	9(4)V99S	R	53	58
	Ancillary Charges				
13	Medical Surgical Supplies	9(4)V99S	R	59	64
14	IV Solutions	9(4)V99S	R	65	70
15	Oxygen/Oxygen Supplies	9(4)V99S	R	71	76
16	Injectable Drugs	9(4)V99S	R	77	82

MAGNETIC TAPE FILE AND RECORD SPECIFICATIONS FOR PROVIDERS

Record Name	Record Type	Record Size
Medical Documentation for Ambulance Service	75	192

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	Pickup Address				
17	Place	X(18)	L	83	100
18	City	X(15)	L	101	115
19	State	XX	L	116	117
20	Zip Code	X(9)	L	118	126
	Destination Address				
21	Name	X(20)	L	127	146
22	Place	X(18)	L	147	164
23	City	X(15)	L	165	179
24	State	XX	L	180	181
25	Zip Code	X(9)	L	182	190
26	Filler	X(2)		191	192

RT 75, Sequence 2

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type 75	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Reason for Transfer	X(3)	L	25	27
5	Reason for Bypass	X(3)	L	28	30
	Nearest Facility				
6	Air Ambulance	X(3)	L	31	33
	Justification				
7	Ancillary Charge Other	9(4)V99S	R	34	39
8	Remarks	X(153)	L	40	192

See footnote C-20 for benefit coordination.

RECORD TYPE 76, FORMAT L - ESRD MEDICAL DOCUMENTATION

- o May be preceded by RT 40, 41, 50, 60, or 70.
- o If not preceded by RT 40, 41, 50, 60, or 70, must be preceded by RT 74.
- o May be preceded by RT 72, 73, or 75.
- o May be followed by RT 76-M, 77, 80, or 90.

Record Type 76 is used by providers to submit medical documentation for ESRD facility claims. They may submit the information with or independent of claim data. If submitted independent of claim data, use RT 74 to give patient information.

If providers must provide information on more than 4 lab tests, they may repeat RT 76, format L until number of occurrences is met. All information on RT 76, format L should be completed before creating sequences of RT 76, format M. All filler is for national use. Lab values have an implied decimal point after the fifth left position. For example, the largest field size is 99999.99

Excepting fields 1 through 4 on RT 76, formats L and M, all field requirements are at payer discretion. For Medicare, the requirement of submission for any individual field, except fields 1 through 4, is at intermediary discretion to meet medical review needs.

Additional narrative remarks needed to clarify information on RT 76 should be placed in RT 90 or RT 91, as appropriate.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '76'	XX	L	1	2
2	Sequence No.	99	R	3	4
3	Patient Control No.	X(20)	L	5	24
4	Record Format Type - L Non-routine and Separately Billable Laboratory Tests (occurs 1 to 4 times)	X		25	25
5	HCPCS Code	X(5)	L	26	30
6	Modifier 1	X(2)	L	31	32
7	Modifier 2	X(2)	L	33	34
8	Previous Lab Value	9(7)	R	35	41
9	Date Previous Lab (CCYYMMDD)	9(8)	R	42	49
10	Current Lab Value	9(7)	R	50	56
11	Date Current Lab (CCYYMMDD)	9(8)	R	57	64
12	Lab Tests-Occurrence 2	X(39)	L	65	103
13	Lab Tests-Occurrence 3	X(39)	L	104	142
14	Lab Tests-Occurrence 4	X(39)	L	143	181
15	Filler (National Use)	X(11)		182	192

RECORD TYPE 76, FORMAT M - ESRD MEDICAL DOCUMENTATION

- o May be preceded by RT 40, 41, 50, 60, or 70.
- o If not preceded by RT 40, 41, 50, 60, or 70, must be preceded by RT 74.
- o May be preceded by RT 72, 73, 75, or 76 format L.
- o May be followed by RT 77, 80, or 90.

If providers must provide information on additional medications, dialysis sessions, or other services than accommodated in this record layout, they may repeat RT 76, format M until number of occurrences is met. For an example of sequencing, see §3908.7.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '76'	XX	L	1	2
2	Sequence No.	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Record Format Type-M Medication Administration (occurs 1 to 3 times)	X		25	25
5	National Drug Code	X(11)	L	26	36
6	Drug Units	9(4)	R	37	40
7	Place of Administration	9		41	41
8	Route of Administration	9		42	42
9	Frequency and Duration	X(6)	L	43	48
10	Medication-Occurrence 2	X(23)	L	49	71
11	Medication-Occurrence 3	X(23)		72	94
	Extra Dialysis Sessions (occurs 1 to 3 times)				
12	Date of Extra Session (CCYYMMDD)	9(8)	R	95	102
13	Justification for Extra Session	9		103	103
14	Extra Dialysis-Occurrence 2	X(9)	L	104	112
15	Extra Dialysis-Occurrence 3	X(9)	L	113	121
	Other Services (occurs 1 to 3 times)				
16	HCPCS/CPT Code	X(5)	L	122	126
17	Date Previous Test/Service (CCYYMMDD)	9(8)	R	127	134
18	Date Current Test/Service (CCYYMMDD)	9(8)	R	135	142
19	Other Services-Occurrence 2	X(21)	L	143	163
20	Other Services-Occurrence 3	X(21)	L	164	184
21	Weight in Kg	9(3)	R	185	187
22	Filler (National Use)	X(5)		188	192

See footnote C-21 for benefit coordination.

ADMINISTRATIVE DATA RECORD
RECORD TYPE 77, Format A

This record series (RT 77) supports information regarding a plan of treatment for outpatient rehabilitative services. It correlates to paper Forms HCFA-700 and 701. It may be sent with billing records or upon request by a payer or its intermediary. RT 77 was designed for use by the Medicare program. It may be used by other payers desiring the same rehabilitative services information. All sequences and fields of RT 77 are reserved for national use.

Format A describes the provider of service and the attending physician. It may be repeated for multiple disciplines.

- o May follow RT 77, format N (Rehabilitative Services Narrative Text) if multiple disciplines are being reported.

- o Must be followed by RT 77, format R (Rehabilitative Services).

If submitted with claim:

- o Must be preceded by Record Types 20, 30, 40, 61, 70. RT 41 may precede RT 77 series. Record Types 80 and 90 must follow the RT 77 series. Record Types 01, 10, 95, and 99 must be included in the file submission.

If being submitted independent of claim:

- o Must be preceded by RT 74 and followed by RT 90. Record Types 01, 10, 95, and 99 must be included in the file submission. RT 74 is required and indicates a new and unique claim.

Multiple rehabilitative disciplines can relate to one claim (identified by RT 20 or the ICN/DCN on RT 74), but new formats A and R must be created for each discipline. For example, if you request information about PT and OT services, two pairs of formats A and R must be included in the transaction. All records, including narrative formats, relating to a specific rehabilitative discipline (e.g., PT), should be created and grouped sequentially before preceding to a new rehabilitative discipline (e.g., OT).

There is only one format A and one format R record for each discipline. They must occur in that order. Narrative records (format N) follow format R. When a second or subsequent discipline is necessary, the second or subsequent format A is submitted in sequence, followed by format R and, as necessary, format N records.

For an example of the sequencing, see §3908.2.C.

ADMINISTRATIVE DATA RECORD
RECORD TYPE 77, FORMAT A (Cont.)

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '77'	XX	R	1	2
2	Sequence number	99	R	3	4
3	Patient Control Number (PCN)	X(20)	L	5	24
4	Record Format - A	X		25	25
5	Discipline	XX	L	26	27
	Physician Information (Fields 6-9)				
6	Attending Physician Identifier	X(16)	L	28	43
7	Physician Referral Date (CCYYMMDD)	9(8)	R	44	51
8	Physician Signature Date on Plan of Treatment (CCYYMMDD)	9(8)	R	52	59
	Rehabilitation Professional Information (Fields 9-14)				
9	Rehabilitation Professional Identifier	X(16)	L	60	75
10	Rehabilitation Professional Name (Last)	X(20)	L	76	95
11	Rehabilitation Professional Name (First)	X(9)	L	96	104
12	Rehabilitation Professional Name (MI)	X		105	105
13	Professional Designation of Rehabilitation Professional	X(7)	L	106	112
14	Rehabilitation Professional Signature Date on Plan of Treatment (CCYYMMDD)	9(8)	R	113	120
	Prior Hospitalization Dates (From - Through) (Fields 15-19)				
15	From Date (CCYYMMDD)	9(8)	R	121	128
16	Through Date (CCYYMMDD)	9(8)	R	129	136
17	Date of Onset/Exacerbation of Principal Diagnosis (CCYYMMDD)	9(8)	R	137	144
18	Admission Date/Start Care Date (CCYYMMDD)	9(8)	R	145	152
19	Total Visits From Start of Care	9(4)	R	153	156
20	Date of Most Recent Event Requiring Cardiac Rehabilitation (CCYYMMDD)	9(8)	R	157	164
21	Treatment Diagnosis Code (ICD-9)	X(6)	L	165	170
22	Treatment Diagnosis (Narrative)	X(21)	L	171	191
23	Filler (National Use)	X		192	192

See footnote C-22 for benefit coordination

REHABILITATIVE SERVICES RECORD
RECORD TYPE 77, FORMAT R

Format R describes the plan of treatment and certification for an outpatient rehabilitative service. It may be repeated for multiple disciplines.

Multiple rehabilitative disciplines can relate to one claim (identified by RT 20 or the ICN/DCN on RT 74), but formats A and R must be created for each discipline. For example, if you request information about PT and OT services, two pairs of formats A and R should be included in the transaction. All records, including narrative formats, relating to a specific rehabilitative discipline (e.g., PT) should be created and grouped sequentially before preceding to a new rehabilitative discipline (e.g., OT).

There is only one format A and one format R record for each discipline. They must occur in that order. Narrative records (format N) follow format R. When a second or subsequent discipline is necessary, the second or subsequent format A is submitted in sequence, followed by format R and, as necessary, format N records.

Fields 19 through 23 are for optional use for psychiatric services.

- Must follow RT 77, format A.
- May be followed by RT 77, format N.

If submitted with claim:

- May be followed by RT 80.

If submitted independent of claim:

- May be followed by RT 90.

REHABILITATIVE SERVICES RECORD
RECORD TYPE 77, FORMAT R (Cont.)

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '77'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number (PCN)	X(20)	L	5	24
4	Record Format - R	X		25	25
5	Discipline	XX	L	26	27
	Plan of Treatment (POT) (Fields 6 - 12)				
6	POT - Status (Initial/Update)	9(3)	R	28	30
7	POT - Date Established (CCYYMMDD)	9(8)	R	31	38
	POT - Period Covered (From - Through)				
8	From Date (CCYYMMDD)	9(8)	R	39	46
9	Through Date (CCYYMMDD)	9(8)	R	47	54
10	Frequency and Duration				
	Frequency Number	9		55	55
	Frequency Period	XX	L	56	57
	Duration	X(3)	L	58	60
11	Estimated Date of Completion of Outpatient Rehabilitation (CCYYMMDD)	9(8)	R	61	68
12	Service Status (Continue/Discontinue)	9		69	69
13	Certification Status	99	R	70	71
14	Date of Last Certification (CCYYMMDD)	9(8)	R	72	79
15	Route of Administration - IM	X		80	80
16	Route of Administration - IV	X		81	81
17	Route of Administration - PO	X		82	82
18	Drug Administered (Narrative)	X(90)	L	83	172
19	Prognosis	X		173	173
20	Filler (National Use)	X(19)		174	192

See footnote C-22 for benefit coordination.

REHABILITATIVE SERVICES RECORD
RECORD TYPE 77, FORMAT N

Format N supports the submission of narrative text by the provider.

- o Must follow RT 77, format R.
- o May be followed by RT 77, format N as directed below and, as appropriate, to your information requests and requirements.
- o May be followed by RT 77, format A if multiple rehabilitative disciplines are submitted.

If submitted with claim:

- o May be followed by RT 80.

If submitted independent of claim:

- o May be followed by RT 90.

The type of narrative records requested/required by you follows the needs and requirements of all MR processes. Specify the necessary narrative types. Encourage providers to limit the text to information pertinent to the current plan of treatment.

All narrative records for each discipline should be grouped sequentially before proceeding to a subsequent discipline, noted by a format A record. For example, all PT narrative records should be completed before creating an OT sequence, beginning with a new format A. All records of a specific narrative type (e.g., functional goals) must be grouped together in sequential order. For example, all plan of treatment narrative (narrative type 04) for PT should be completed before beginning records for progress report (narrative type 05) for PT.

Multiple sequences of specific narrative types may be repeated to accommodate text information. (See §3908.2.C for an example of sequencing.) Narrative for an individual narrative type (e.g., 02 - initial assessment) can repeat up to but no more than three (3) times for a total of 456 bytes of information **except narrative type 05 (progress report)** which can repeat up to but no more than six (6) times for a total of 912 bytes of information.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record type '77'	XX	L	1	2
2	Sequence number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Record Format - N	X	L	25	25
5	Discipline	XX	L	26	27
6	Narrative Type Indicator	99	R	28	29
7	Free Form Narrative	X(152)	L	30	181
8	Filler (National Use)	X(11)		182	192

See footnote C-22 for benefit coordination.

RECORD TYPE 80 - 8N - PHYSICIAN DATA

- o May be preceded by RT 70 - 7N.
- o May be followed by RT 80, 81, or 90.

The sequence number for record type 80 can be 01 - 20. The 01 record is always for the primary payer. If the secondary payer uses a different physician identification numbering scheme from the primary payer, the provider shows the secondary payer's physician identification number on the 02 sequence record. If the tertiary payer uses a different physician identification numbering scheme from the primary or secondary payer, the provider shows the tertiary payer's physician identification number on the 03 sequence record. If a primary payer requests multiple physician numbers, sequence number 11 is used. If a secondary payer requests multiple physician numbers, sequence number 12 is used. If a tertiary payer requests multiple physician numbers, sequence number 13 is used. The sequences must match those on RT 30.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '80'	XX	L	1	2
2	Sequence	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Physician Number Qualifying Codes	X(2)	L	25	26
5	Attending Physician Number	X(16)	L	27	42
6	Operating Physician Number	X(16)	L	43	58
7	Other Physician Number	X(16)	L	59	74
8	Other Physician Number	X(16)	L	75	90
9	Attending Physician Name**	X(25)	L	91	115
10	Operating Physician Name**	X(25)	L	116	140
11	Other Physician Name**	X(25)	L	141	165
12	Other Physician Name**	X(25)	L	166	190
13	Filler (National Use)	X(2)		191	192

** On Medicare claims, Physician Name is broken down as follows:

Last Name	Positions	1-16
First Name	Positions	17-24
Middle Initial	Position	25

Physician Number Qualifying Codes:
UP = UPIN
FI = Federal Taxpayer's Identification Number
SL = State License Number
SP = Specialty License Number
XX= National Provider Identifier (NPI)

See footnote C-23 for benefit coordination.

RECORD TYPE 90 - CLAIM CONTROL SCREEN

- May be preceded by RT 50 - 5N, 60 - 6N, 70 - 7N, or 80 - 8N.
- Must be followed by RT 20, 74, 91, or 95.
- If more than 110 characters are required for Form Locator 84, use RT 91 to report the additional characters and code a "1" in field 12 of RT 90. A "0" indicates that no RT 91 follows.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '90'	XX	L	1	2
2	Filler (National Use)	XX		3	4
3	Patient Control Number	X(20)	L	5	24
4	Physical Record Count (Excluding RT 90 + 91)	9(3)	R	25	27
	Record Type nn Count (Fields 5-11)				
5	Record Type 2n Count	99	R	28	29
6	Record Type 3n Count	99	R	30	31
7	Record Type 4n Count	99	R	32	33
8	Record Type 5n Count	99	R	34	35
9	Record Type 6n Count	99	R	36	37
10	Record Type 7n Count	99	R	38	39
11	Record Type 8n Count	99	R	40	41
12	Record Type 91 Qualifier	9		42	42
13	Total Accommodation Charges Revenue Centers	9(8)V99S	R	43	52
14	Noncovered Accommodation Charges - Revenue Centers	9(8)V99S	R	53	62
15	Total Ancillary Charges Revenue Centers	9(8)V99S	R	63	72
16	Noncovered Ancillary Charges - Revenue Centers	9(8)V99S	R	73	82
17	Remarks	X(110)	L	83	192

See footnote C-25 for benefit coordination.

RECORD TYPE 91 - REMARKS

- Must be preceded by RT 90.
- Must be followed by RT 20, 74, or 95.
- The first 110 characters from Form Locator 84, Remarks, that are required to provide additional information on the claim must be entered on RT 90. If more than 110 characters are required, use field 4 of RT 91 to report them.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '91'	XX	L	1	2
2	Filler (National Use)	XX		3	4
3	Patient Control Number	X(20)	L	5	24
4	Remarks (Additional)	X(82)	L	25	106
5	Filler (National Use)	X(86)		107	192

See footnote C-26 for benefit coordination.

RECORD TYPE 95 - PROVIDER BATCH CONTROL

- Must be preceded by RT 90 or 91.
- Must be followed by RT 10 or 99.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '95'	XX	L	1	2
2	Federal Tax Number (EIN)	9(10)	R	3	12
3	Receiver Identification	9(5)	R	13	17
4	Receiver Sub-Identification	X(4)	L	18	21
5	Type of Batch	XXX	L	22	24
6	Number of Claims	9(6)	R	25	30
7	Number of 3M Batch Attachment Records	9(6)	R	31	36
8	Accommodations Total Charges for the Batch	9(10)V99S	R	37	48
9	Accommodations Noncovered Charges for the Batch	9(10)V99S	R	49	60
10	Ancillary Total Charges for the Batch	9(10)V99S	R	61	72
11	Ancillary Noncovered Charges for the Batch	9(10)V99S	R	73	84
12	Total Charges for Batch (COB only)	9(10)V99S	R	85	96
13	Total Noncovered Charges for the Batch (COB only)	9(10)V99S	R	97	108
14	Reserve for Future Use	X(12)	L	109	120
15	Filler (National Use)	X(18)		121	138
16	Filler (Local Use)	X(54)		139	192

See footnote C-27 for benefit coordination.

RECORD TYPE 99 - FILE CONTROL

- Must be preceded by RT 95.
- Must be last valid record on file.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '99'	XX	L	1	2
2	Submitter EIN	9(10)	R	3	12
3	Receiver Identification	9(5)	R	13	17
4	Receiver Sub-Identification	X(4)	L	18	21
5	Number of Batches Billed this File	9999	R	22	25
6	Accommodations Total Charges for the File	9(11)V99S	R	26	38
7	Accommodations Noncovered Charges for the File	9(11)V99S	R	39	51
8	Ancillary Total Charges for the File	9(11)V99S	R	52	64
9	Ancillary Noncovered Charges for the File	9(11)V99S	R	65	77
10	Total Charges for the File (COB only)	9(11)V99S	R	78	90
11	Total Noncovered Charges for the File (COB only)	9(11)V99S	R	91	103
12	Number of Claims for the File (COB only)	9(8)	R	104	111
13	Number of Records for the File (COB only)	9(8)	R	112	119
14	Filler (National Use)	X(16)		120	135
15	Filler (Local Use)	X(57)		136	192

See footnote C-28 for benefit coordination.

Footnotes for Benefit Coordination

These footnotes reference the use of UB-92 claim records for coordination of benefits (COB). The remaining records used for COB (RT 02, 42, 51, 52, 62-64, 92, 93, and 98) are found in a Medicare Intermediary Program Memorandum released July 1996. Except where noted below, UB-92 claim records are used in the same fashion as specified in pages A-1 through A-34. Unless noted below, use Addendum B for all field definitions for UB-92 claim records, including those which are designated for COB specific information.

The COB file must be written as an outbound file in strict record type (primary), record sequence (secondary), and service (revenue code - tertiary) sequence.

C-1 RT 01 - Processor Data

Record Usage: Mandatory

Format Notes:
- o Only one RT 01 can be written per file submission.
- o Must be followed by RT 02

Field Notes:
Field 2 - Submitter EIN - Mandatory
If COB file is outbound from a Medicare contractor, use the "Medicare Contractor ID Number."
Field 3 - Multiple Provider Billing File Indicator: Optional
Field 6 - (Receiver Identification) and field 7 (Receiver Sub-Identification):
- Combine to display the same data as the COB eligibility file on RT E00 and E01.
- Use National Association of Insurance Commissioners (NAIC) number if available.
- If no NAIC number is available, use NZZZZZSSS.

C-2 RT 10 - Provider Data

Record Usage: Mandatory - data available

Format Notes:
- o This record must be present for each provider batch combination.
- o Must follow either RT 02 or 95.

Field Notes:
Field 2 - Type of Batch: Batch by first two characters of Type of Bill.
Field 4 - Provider Federal Tax Number or EIN: Mandatory

C-3 RT 20-2N - Patient Data

Record Usage: Mandatory

Format Notes:
- o Must follow RT 10, 92, or 93.
- o Do not repeat RT 10, if multiple patient claims for same provider (unless batching by type of bill).

- All records following up through RT 93 must have the same patient control number.

Field Notes:
Field 9 - Marital Status: Optional
Fields 18 (Admission Hour) and 22 (Discharge Hour): Optional

C-4 RT 21 - Non-insured Employment Information

Record Usage: Optional

Field Notes:
Fields 9a and 16a (Employer Qualifier): See definition in Addendum B.
Field 9 - Patient Marital Status: Optional
Field 18 - Admission Hour: Optional
Field 22 - Discharge Hour: Optional

C-5 RT 22 - Unassigned State Form Locators

Record Usage: Optional

Format Notes:
- If record received by Medicare, it will not be edited, but it must be passed through to the next payer.
- Must follow RT 20, 21, or 22.
- May be followed by RT 22 or 30.

C-6 RT 30 - Third Party Payer Data

Record Usage: Mandatory

Format Notes:
- May follow RT 20, 21, 22, or 30.

Field Notes:
Field 4 - Source of Payment Code: For Medicare, use C if outbound file.
Field 9 - Payer Code: When Medicare is primary, use "Z".

C-7 RT 31 - Third Party Payer Data

Record Usage: Mandatory

Format Notes:
- Mandatory record for Medicare. Optional for other payers.

Field Notes:
Field 14 - Form Locator 37 ICN/DCN: This is always the original claim submitted ICN/DCN even if an adjustment claim is being processed.

C-8 RT 32 - Third Party Payer Data

Record Usage: Optional

Format Notes:
- Mandatory for Medicare. Optional for other payers.

C-9 RT 34 - Authorization

Record Usage: Optional

Format Notes:
- o Record is required for Medicare submissions for investigational device exemption (IDE) claims.
- o If the record is received for non-IDE claims, Medicare will not edit, but pass on, unchanged, to other payers.

C-10 RT 40 - Claim Data TAN Occurrence

Record Usage: Mandatory

Format Notes:
- o May be followed by RT 40, 41, 42, 50, 60, or 61.

Field Notes:
Field 4 - Type of Bill: When used in conjunction with a revenue code, and possibly a HCPCS code, when present, could indicate the type of medical service rendered.

C-11 RT 41 - Claim Data Condition Value

Record Usage: Mandatory if data present

Format Notes:
- o May be followed by RT 41, 42, 50, 60, or 61.

Field Notes:
Field 14 - Form Locator 31 (upper): Optional
Field 15 - Form Locator 31 (lower): Optional

C-12 RT 50 - IP Accommodations Data

Record Usage: Mandatory for inpatient bills if data present

Format Notes:
- o Do not write revenue code 001 in this record. Totals for all accommodation revenue code submitted charges for the claim should be reflected in RT 90, field 13 (Total Accommodation Charges) and RT 92, field 6 (Total Submitted Charges). Total non-covered charges should be reflected in RT 90, field 14 (Noncovered Accommodation Charges) and RT 92, field 7 (Total Noncovered Charges).

Field Notes:
Field 14 - Form Locator 49: Optional

C-13 RT 60 - IP Ancillary Services Data

Record Usage: Mandatory for IP bills only, if data present

Format Notes:
- o May be preceded by RT 40, 41, 42, 50-5n, or 60.
- o May be followed by RT 60, 62-64, or 70.

- Do not send revenue code 001 in this record. The total submitted and noncovered charges for all ancillary revenue codes for the claim should be reflected in RT 90, fields 15 (Total Ancillary Charges) and 16 (Noncovered Ancillary Charges) and RT 92, fields 6 (Total Submitted Charges) and 7 (Total Noncovered Charges).

C-14 RT 61 - Outpatient Procedures

Record Usage: Mandatory for outpatient procedures

Format Notes:
- May be preceded by RT 40, 41, 42, or 61.
- Do not send revenue code 001 in this record. The total submitted and noncovered charges for all procedure codes for the claim should be reflected in RT 90, fields 15 (Total Ancillary Charges Revenue Centers 220-99X) and 16 (Noncovered Ancillary Charges Revenue Centers 220-99X) and RT 92, fields 6 (Total Submitted Charges) and 7 (Total Noncovered Charges).

Field Notes:
Field 9 - Date of Service: Optional
Field 12 - Form Locator 49: Optional

C-15 RT 70 - Medical Data (sequence 01 and 02)

Record Usage: Sequence 01 Mandatory
Sequence 02 Optional

Format Notes:
- RT 70, sequence 02 must follow RT 70, sequence 01.
- May be followed by Rt 71-73, 75, 76, 77, or 80.

Field Notes:
Sequence 02, field 5 - Form Locator 57: Optional

C-16 RT 71 - Plan of Treatment and Patient Information

Record Usage: Optional

C-17 RT 72 - Specific Services and Treatments

Record Usage: Optional

C-18 RT 73 - Plan of Treatment/Medical Update Narrative

Record Usage: Optional

C-19 RT 74 - Patient Information

Record Usage: Optional

Format Notes:
- RT 74 is used in submitting 3M batch attachments. If the attachment records are matched to a claim prior to adjudication, they should be passed through to the next payer.

C-20 RT 75 - Medical Documentation for Ambulance Claims

Record Usage: Optional

C-21 RT 76 - ESRD Medical Documentation

Record Usage: Optional for formats L and M

C-22 RT 77 - Plan of Treatment for Outpatient Rehabilitation

Record Usage: Optional for formats A, R, and N

C-23 RT 80 - Physician Data

Record Usage: Mandatory

Format Notes:
- o Only one physician numbering scheme can be used per RT 80 sequence number.

C-24 Not in use formerly used for RT 81 - Pacemaker Registry

C-25 RT 90 - Claim Control Screen

Record Usage: Mandatory

Format Usage:
- o May followed by RT 91 or 92.

C-26 RT 91 - Claim Remarks

Record Usage: Optional

Format Notes:
- o Must be followed by RT 92.

Field Notes:
Field 4 - Remarks: Optional. If present, retain and pass on to next payer.

C-27 RT 95 - Provider Batch Control

Record Usage: Mandatory

Format Notes:
- o May be preceded by RT 92 or 93.
- o May be followed by RT 10 or 98.

Field Notes:
Field 2 - Submitter EIN - Mandatory

If COB file is outbound from a Medicare contractor, use the "Medicare Contractor ID Number."

Fields 3 (Receiver Identification) and 4 (Receiver Sub-Identification): Values are equal to RT 01, fields 6 (Receiver Identification) and 7(Receiver Sub-Identification).

Field 6 - Total Number of Claims: Total number of each RT 20 in batch.
Field 12 - Total Charges for the Batch: Sum of RT 95, fields 8 (Accommodations Total Charges for the Batch) and 10 (Ancillary Total Charges for the Batch).

Field 13 - Total Noncovered Charges for the Batch: Sum of RT 95, fields 9 (Accommodations Noncovered Charges for the Batch) and 11 (Ancillary Noncovered Charges for the Batch).

C-28 RT 99 - File Control

Record Usage: Mandatory

Format Notes:
- o May be follow RT 95 or 98.

Field Notes:
Field 2 - Submitter EIN - Mandatory
If COB file is outbound from a Medicare contractor, use the "Medicare Contractor ID Number."

Fields 3 (Receiver Identification) and 4 (Receiver Sub-Identification):
- Combine to display the same data as the COB eligibility file on RT E00 and E01.
- Use National Association of Insurance Commissioners (NAIC) number, if available.
- If no NAIC number is available, use NZZZZZSSS.

Field 10 - Total Charges for the File: Sum of RT 99, fields 6 (Accommodations Total Charges for the File) and 8 (Ancillary Total Charges for the File).

Field 11 - Total Noncovered Charges for the File: Sum of RT 99, fields 7 (Accommodations Noncovered Charges for the File) and 9 (Ancillary Noncovered Charges for the File).
Field 12 - Number of Claims for the File: Total number of each RT 20 in the file.
Field 13 - Number of Records for the File: Total number of records in the file from RT 01 through 99.

6. Coordination of Benefits Records

COB - I/O RECORDS

RECORD TYPE 02 - ADDITIONAL COB INFORMATION

****** MANDATORY RECORD - FOR COB ******

- o This record used for additional COB information.
- o This record can also be used for single or multiple chain Provider Chain Identification occurrences.
- o Must follow RT 01 or 98.
- o Must be followed by RT 10.

	FIELD NO.		FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
N1	1		Record Type '02'	XX	L	1	2
N2	2		Provider Chain ID, TAX, or EIN#	X(6)	L	3	8
		3	Provider Chain Sub ID	X(5)	L	9	13
		4	Filler - (National Use)	X(5)		14	18
		5	Provider Chain Name (sender)	X(25)	L	19	43
		6	Provider Chain Address	X(25)	L	44	68
		7	Provider Chain City	X(14)	L	69	82
		8	Provider Chain State	X(2)	L	83	84
		9	Provider Chain Zip Code	X(9)	L	85	93
		10	Billing Cycle Century (CCYYMMDD)	9(8)	R	94	101
		11	Application Version	X(6)	L	102	107
		12	Data Indicator	X		108	108
		13	Intermediary Number	9(10)	R	109	118
N3		14	COB Identification	X(4)	L	119	122
		15	Filler - (National Use)	X		123	123
N4		16	Process Date This File Covers (From Date - CCYYMMDD)	9(8)	R	124	131
N4	17		Process Date This File Covers (Thru Date - CCYYMMDD)	9(8)	R	132	139
		18	Filler - (National Use)	X(26)		140	165
		19	Filler - (State Use)	X(27)		166	192

N1 NOTE: Need to create at least 1 RT02 for each file.

N2 NOTE: Do not complete FL 2 - 9 when there is no Chain provider present. FL 10-17 are MANDATORY. If Tax ID is longer than 6 spaces, use FL 3.

N3 NOTE: COB Identification - "COBA"

N4 NOTE: Process Date is From and Through Dates from Remittance Advice.

CLAIM CHANGE REASON CODE

RECORD TYPE 42

***** OPTIONAL RECORD *****

- Sequence number represents the number of iterations of RT 42.
- This is a new record that follows the reason code structure of the ASC X12N 835 Remittance/Payment Transaction Set.
- May follow RT 40 or RT 41 or RT 42.
- May be followed by RT 42 or RT 50 or RT 60 or RT 61.
- Payer Sequence 01 represents the primary payer, Payer Sequence 02 represents the secondary payer, and Payer Sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type ‘42'	X(2)	L	1	2
2	Sequence Number	9(2)	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Group Code	X(2)	L	27	28
6	Reason Code - 1	X(3)	L	29	31
7	Adjustment Amount - 1	S9(7)V99	R	32	40
8	Adjustment Quantity - 1	S9(5)	R	41	45
9	Reason Code - 2	X(3)	L	46	48
10	Adjustment Amount - 2	S9(7)V99	R	49	57
11	Adjustment Quantity - 2	S9(5)	R	58	62
12	Reason Code - 3	X(3)	L	63	65
13	Adjustment Amount - 3	S9(7)V99	R	66	74
14	Adjustment Quantity - 3	S9(5)	R	75	79
15	Reason Code - 4	X(3)	L	80	82
16	Adjustment Amount - 4	S9(7)V99	R	83	91
17	Adjustment Quantity - 4	S9(5)	R	92	96
18	Reason Code - 5	X(3)	L	97	99
19	Adjustment Amount - 5	S9(7)V99	R	100	108
20	Adjustment Quantity - 5	S9(5)	R	109	113
21	Reason Code - 6	X(3)	L	114	116
22	Adjustment Amount - 6	S9(7)V99	R	117	125
23	Adjustment Quantity -6	S9(5)	R	126	130

CLAIM CHANGE REASON CODE (cont.)

RECORD TYPE 42

******* OPTIONAL RECORD *******

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
24	MIA/MOA Remark Code - 1	X(5)	L	131	135
25	MIA/MOA Remark Code - 2	X(5)	L	136	140
26	MIA/MOA Remark Code - 3	X(5)	L	141	145
27	MIA/MOA Remark Code - 4	X(5)	L	146	150
28	MIA/MOA Remark Code - 5	X(5)	L	151	155
29	Filler - (National Use)	X(37)		156	192

Comment: This is a payer generated Record Type and is not created by the provider.

NOTE: Mandatory for Medicare if ASC X12N 835 Remittance Reason Codes used in claims processing. Reason code values and amounts should be the same as those applied to the ANSI ASC X12N 835 Remittance.

IP ACCOMMODATIONS LINE ITEM REMARKS CODES

RECORD TYPE 51

*******MANDATORY IF LINE LEVEL REMARKS CODES ARE PRESENT*******

- o May follow RT 50 or RT 51.
- o May be followed by RT 50, RT 51, RT 52, RT 60, or RT 70.
- o RT 51 should directly correspond to the previous RT 50.
- o The sequence number for RT 51 can go from 01 to 99.
- o The payer sequence '01' would represent the Primary Payer, payer sequence '02' would represent the Secondary Payer, and payer sequence '03' would represent the Tertiary Payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '51'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Accommodation Revenue Code	9(4)	R	27	30
6	Remarks Code 1	X(4)	L	31	34
7	Remarks Code 2	X(4)	L	35	38
8	Remarks Code 3	X(4)	L	39	42
9	Remarks Code 4	X(4)	L	43	46
10	Remarks Code 5	X(4)	L	47	50
11	Remarks Code 6	X(4)	L	51	54
12	Remarks Code 7	X(4)	L	55	58
13	Remarks Code 8	X(4)	L	59	62
14	Remarks Code 9	X(4)	L	63	66
15	Remarks Code 10	X(4)	L	67	70
16	Filler - (National Use)	X(122)		71	192

NOTE: All RT 51 records for the Primary Payer should be followed by all RT 51 for the Secondary Payer, followed by all RT 51 for the Tertiary Payer. All RT 51 for each payer should be in numerical sequence.

INPATIENT ACCOMMODATION REASON CODES

RECORD TYPE 52

****** MANDATORY IF LINE LEVEL REASON CODES ARE PRESENT*******

- o May follow RT 50, RT 51, or RT 52.
- o May be followed by RT 50, RT 52, RT 60, or RT 70.
- o Use RT 52 for IP accommodations.
- o RT 52 should directly corresponds to the previous RT 50.
- o The sequence number for RT 52 can go from 01 to 99.
- o The payer sequence '01' would represent the Primary Payer, payer sequence '02' would represent the Secondary Payer, and payer sequence '03' would represent the Tertiary Payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type '52'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Accommodation Revenue Code	9(4)	R	27	30
6	Group Code	X(2)	L	31	32
7	Reason Code 1	X(3)	L	33	35
8	Adjustment Amount 1	9(7)V99S	R	36	44
9	Adjustment Quantity 1	9(5)S	R	45	49
10	Reason Code 2	X(3)	L	50	52
11	Adjustment Amount 2	9(7)V99S	R	53	61
12	Adjustment Quantity 2	9(5)S	R	62	66
13	Reason Code 3	X(3)	L	67	69
14	Adjustment Amount 3	9(7)V99S	R	70	78
15	Adjustment Quantity 3	9(5)S	R	79	83
16	Reason Code 4	X(3)	L	84	86
17	Adjustment Amount 4	9(7)V99S	R	87	95
18	Adjustment Quantity 4	9(5)S	R	96	100
19	Reason Code 5	X(3)	L	101	103
20	Adjustment Amount 5	9(7)V99S	R	104	112
21	Adjustment Quantity 5	9(5)S	R	113	117
22	Reason Code 6	X(3)	L	118	120
23	Adjustment Amount 6	9(7)V99S	R	121	129
24	Adjustment Quantity 6	9(5)S	R	130	134
25	Filler - (National Use)	X(70)		135	192

NOTE: All RT 52 records for the Primary Payer should be followed by all RT 52 for the Secondary payer, followed by all RT 52 for the Tertiary Payer. All RT 52 for each payer should be in organized in group sequence.

ANCILLARY OR OP LINE ITEM REMARKS CODES

RECORD TYPE 62

*****MANDATORY IF LINE LEVEL REMARKS CODES ARE PRESENT*****

- o May follow RT 60, RT 61, or RT 62.
- o May be followed by RT 60, RT 61, RT 62, RT 63, or RT 70.
- o RT 62 should directly correspond to the previous RT 60 or RT 61.
- o The sequence number for RT 62 can go from 01 to 99.
- o The payer sequence ‘01' would represent the Primary payer, payer sequence ‘02' would represent the Secondary payer, and payer sequence ‘03' would represent the Tertiary Payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type ‘62'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Revenue Code	9(4)	R	27	30
6	Remarks Code 1	X(4)	L	31	34
7	Remarks Code 2	X(4)	L	35	38
8	Remarks Code 3	X(4)	L	39	42
9	Remarks Code 4	X(4)	L	43	46
10	Remarks Code 5	X(4)	L	47	50
11	Remarks Code 6	X(4)	L	51	54
12	Remarks Code 7	X(4)	L	55	58
13	Remarks Code 8	X(4)	L	59	62
14	Remarks Code 9	X(4)	L	63	66
15	Remarks Code 10	X(4)	L	67	70
16	Filler - (National Use)	X(122)		71	192

NOTE: All RT 62 records for the Primary Payer should be followed by all RT 62 for the Secondary Payer, followed by all RT 62 for the Tertiary Payer. All RT 62 for each payer should be in organized in numerical sequence.

ANCILLARY OR OP REASON CODES

RECORD TYPE 63

***** MANDATORY RECORD IF LINE LEVEL REASON CODES ARE PRESENT *****

- o May follow RT 60, RT 61, RT 62, or RT 63.
- o Use RT 63 for IP ancillary or OP line level reason codes.
- o RT 63 should directly correspond to the previous RT 60 or RT 61.
- o The sequence number RT 63 can be from 01 to 99.
- o The payer sequence ‘01' would represent the Primary payer, payer sequence ‘02' would represent the Secondary payer, and payer sequence ‘03' would represent the Tertiary Payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
1	Record Type ‘63'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Payer Sequence	99	R	5	6
4	Patient Control Number	X(20)	L	7	26
5	Revenue Code	9(4)	R	27	30
6	Group Code	X(2)	L	31	32
7	Reason Code 1	X(3)	L	33	35
8	Adjustment Amount 1	9(7)V99S	R	36	44
9	Adjustment Quantity 1	9(5)S	R	45	49
10	Reason Code 2	X(3)	L	50	52
11	Adjustment Amount 2	9(7)V99S	R	53	61
12	Adjustment Quantity 2	9(5)S	R	62	66
13	Reason Code 3	X(3)	L	67	69
14	Adjustment Amount 3	9(7)V99S	R	70	78
15	Adjustment Quantity 3	9(5)S	R	79	83
16	Reason Code 4	X(3)	L	84	86
17	Adjustment Amount 4	9(7)V99S	R	87	95
18	Adjustment Quantity 4	9(5)S	R	96	100
19	Reason Code 5	X(3)	L	101	103
20	Adjustment Amount 5	9(7)V99S	R	104	112
21	Adjustment Quantity 5	9(5)S	R	113	117
22	Reason Code 6	X(3)	L	118	120
23	Adjustment Amount 6	9(7)V99S	R	121	129
24	Adjustment Quantity 6	9(5)S	R	130	134
25	Filler - (National Use)	X(58)		135	192

NOTE: All RT 63 records for the Primary Payer should be followed by all RT 63 for the Secondary payer, followed by all RT 63 for the Tertiary Payer. All RT 63 for each payer should be in organized in numerical sequence.

CLAIM CONTROL TOTALS

RECORD TYPE 92

*** MANDATORY RECORD ***

- o May follow RT 90, RT 91 or RT 92.
- o May be followed by RT 20, 92, 93 or RT 95
- o This Record Type is used ONLY for OUT Bound COB Bills
- o If there is an Inpatient DRG bill, RT 51 and 61 will not be present because the DRG amount paid is at a claim level, rather than at an individual revenue code level.
- o Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

	FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	1	Record Type '92'	XX	L	1	2
	2	Sequence Number	99	R	3	4
	3	Patient Control Number	X(20)	L	5	24
N1	4	Current DCN/ICN	X(23)	L	25	47
	5	Filler - (National Use)	X(6)		48	53
N2	6	Total Submitted Charges	9(8)V99S	R	54	63
N3	7	Total Non-covered Charges	9(8)V99S	R	64	73
	8	Total Charges Allowed	9(8)V99S	R	74	83
	9	Total Medicare Reimbursement	9(8)V99S	R	84	93
	10	Total Amount Medicare Paid Provider	9(8)V99S	R	94	103
	11	Total Amount Paid Beneficiary	9(8)V99S	R	104	113
N4	12	Total Medicare Days Utilized	9(4)	R	114	117
	13	DRG/APC Assigned via Grouper	999	R	118	120
	14	DRG/APC Amount Applied via Pricer	9(8)V99S	R	121	130
	15	DRG Outlier Amount	9(8)V99S	R	131	140
	16	Total Denied Charges	9(8)V99S	R	141	150
	17	Cost Report Days	999S	R	151	153
	18	Lifetime Psychiatric Days	999S	R	154	156
N5	19	Claim Status	XX	L	157	158
	20	Reimbursement Rate (%)	9(4)V999	R	159	165
	21	Claim Paid Date (CCYYMMDD)	9(8)	R	166	173
	22	Filler - (National Use)	X(19)		174	192

N1 NOTE: This is the claim ICN/DCN currently being processed.

N2 NOTE: Sum of RT 90 FL 13/15

N3 NOTE: Sum of RT 90 FL 14/16

N4 NOTE: Same as RT 30 FL 20 - covered days.

N5 NOTE: Claim Status Codes - Refer to ANSI X12 codes.

CLAIM CONTROL TOTALS

RECORD TYPE 93

*** OPTIONAL RECORD ***

- Must be preceded by RT 92.
- May be followed by RT 20 or RT 93 or RT 95.
- This Record Type is used ONLY for OUT Bound COB Bills.
- If there is an Inpatient DRG bill, RT 51 or 62 will not be present because the DRG amount paid is at a claim level, rather than at an individual revenue code level.
- Sequence 01 represents the primary payer, sequence 02 represents the secondary payer, and sequence 03 represents the tertiary payer.

FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION	
				FROM	THRU
1	Record Type '93'	XX	L	1	2
2	Sequence Number	99	R	3	4
3	Patient Control Number	X(20)	L	5	24
4	Allowed Charges Medicare Paid at 100%	9(8)V99S	R	25	34
5	Allowed Charges Medicare Paid at 80%	9(8)V99S	R	35	44
6	Paid From Part A Medicare Trust Fund	9(8)V99S	R	45	54
7	Paid From Part B Medicare Trust Fund	9(8)V99S	R	55	64
8	Filler - (National Use)	X(128)		65	192

PROVIDER CHAIN CONTROL

RECORD TYPE 98

OPTIONAL RECORD

o May be followed by RT 02 or RT 99.

	FIELD NO.	FIELD NAME	PICTURE	FIELD SPECIFI-CATION	POSITION FROM	POSITION THRU
	1	Record Type '98'	XX	L	1	2
	2	Filler - (National Use)	9(10)		3	12
N1	3	Provider Chain ID	X(6)	L	13	18
	4	Provider Chain Sub-ID	X(5)	L	19	23
	5	Filler - (Local Use)	X		24	24
	6	Total Number of Provider Chain Claims	9(6)	R	25	30
	7	Filler - (National Use)	X(6)		31	36
	8	Accommodations Total Charges for the Provider Chain	9(10)V99S	R	37	48
	9	Accommodations Noncovered Charges for Provider Chain	9(10)V99S	R	49	60
	10	Ancillary Total Charges for Provider Chain	9(10)V99S	R	61	72
	11	Ancillary Noncovered Charges for Provider Chain	9(10)V99S	R	73	84
N2	12	Total Charges for Provider Chain	9(10)V99S	R	85	96
N3	13	Total Noncovered Charges for Provider Chain	9(10)V99S	R	97	108
	14	Reserved for Future Use	X(12)	L	109	120
	15	Filler - (National Use)	X(18)		121	138
	16	Filler - (Local Use)	X(54)		139	192

N1 NOTE: Chain Provider is Mandatory. Must be the same as RT 02, FL 02 and FL 03.

N2 NOTE: Total Charges are the sum of FL 08 and FL 10.

N3 NOTE: Total Noncovered Charges are the sum of FL 09 and FL 11.